RI SOS Filing Number: 201754910520 Date: 12/11/2017 12:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED STATE SECRETARY OF STATE CORPORATIONS DIV. 2017 DEC 11 AM 11:58

1. Entity ID Number	2. Exact name of the Corporation		
142353	CRYSTAL SARGENT SPEECH PATHOLOGIST, INC		
3. Principal Office Address	City	State	Zip
575 E. MAIN RD	MIDDLETOWN	RI	02842
4. Business Phone Number	5. State of Incorporation		
RESIDENTIAL PHONE DISCONNECTED 401.241-3257	Rhode Island		

6. Brief description of the character of business conducted in Rhode Island
SPEECH AND LANGUAGE THERAPY

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice President Name
CRYSTAL SARGENT	
Street Address	Street Address
141 NARRAGANSETT AVE	
City / State / Zip	City / State
NEWPORT RI 02840	
Secretary Name	Treasurer Name
Street Address	Street Address
City / State / Zip	City / State / Zip

R.I. DEPARTMENT OF STATE BUSINESS SERVICES DIV. 2017 NOV 22 AM 11:34

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
CRYSTAL SARGENT	
Street Address	Street Address
SAME AS ABOVE	
City / State / Zip	City / State / Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1,000		
Changes require an additional filing.			

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative: Crystal J Sargent
Signature of Authorized Representative: Crystal J Sargent
Date: 9/26/17

SIGN DOCUMENT HERE

12:00 **FILED**
DEC 11 2017
BY 319583 mail

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 05/2016